

Additional Reporting for Reclamation Systems Authorized by or in Association with a VPDES Permit

CORRECTIVE ACTION THRESHOLD (CAT) OCCURRENCES	CAT PARAMETER	NUMBER OF CAT OCCURRENCES ¹	NUMBER OF CAT DIVERSIONS ²
	TURBIDITY <input type="checkbox"/>		
	TRC <input type="checkbox"/>		

1. A corrective action threshold (CAT) occurrence is an event initiated by single measurement that exceeds the CAT for turbidity or falls below the CAT for TRC. Each measurement made during a CAT occurrence does not represent a separate CAT occurrence.
2. On a separate sheet attached to the monthly monitoring report of the VPDES permit, indicate for **each turbidity or TRC CAT diversion** the date and time of the diversion, the first measurement of the turbidity or TRC CAT occurrence, the period between the first measurement of the turbidity or TRC CAT occurrence and the diversion, the non-compliant CAT measurement of turbidity or TRC resulting in the diversion, and the duration of the diversion.
3. On a separate sheet attached to the monthly monitoring report of the VPDES permit, provide for **each bypass occurrence** a general description of circumstances resulting in the bypass of the reclamation system and appurtenances, the flow of the bypass, the duration of the bypass, and whether the water of the bypass did or did not comply with the reclaimed water standards of the permit.

Have there been two or more consecutive monitoring results greater than the CAT for *enterococci* within monitoring period of this report? ☐ Yes ☐ No (Submit the Monthly Log Sheet for Reclaimed Water Bacterial Monitoring with this report to the DEQ Piedmont Regional Office).

Were any bacterial monitoring samples collected outside the period of 10:00 a.m. to 4:00 p.m.? ☐ Yes ☐ No

I hereby certify under penalty of law that this document and all attached report forms were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OPERATOR IN RESPONSIBLE CHARGE			DATE		
	TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YR	MO	DAY
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			DATE		
	TYPED OR PRINTED NAME	SIGNATURE	TELEPHONE	YR	MO	DAY

Monthly Log Sheet for Reclaimed Water Bacteria Monitoring

Permit No.:

Month:

Facility Name:

Year:

Sampling Location:

Reclaimed Water Type: Level 1

[illegible]

Monthly Geometric Mean¹:

No. of CAT² Exceedances:

1. For the purpose of calculating monthly geometric mean, bacteria analytical results below the detection level of the analytical method used shall be reported as values equal to the detection level. Geometric mean of a data set consisting of "n" measurements is the nth root of the product of the measurements. $G_{\text{geom. Mean}} = \sqrt[n]{a_1 \cdot a_2 \cdot a_3 \dots a_n}$
2. CAT refers to Corrective Action Threshold for the monitored bacteria parameter. The CAT for *enterococci* is 24 colonies/100 ml.

Monthly Log Sheet for Reclaimed Water Bacteria Monitoring

Print name(s) of person(s) collecting
samples:

Print name(s) of person(s) or contract
laboratory analyzing samples:

Operator in responsible charge:

Print or type name: _____

Signature: _____

Certificate No.:

Telephone No.: _____

Date: